(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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OCT 23 2017

PLEASE PRINT

. Name of Lobbyis	er(s) Ken Quir	ın			NEW HAMPSHIRE DEPARTMENT OF ST
•		o, firm or corporation	on, if any:		
(N	ame of partnersh	p, firm or corporation)			
4464 Managa Dh	.d 0 D:	CA 00440			
1464 Morena Bly Business Address: ((Town/	City)	(State)	(Zip Code)
540) 441-7227 (Telephone)	()	(Fax)	e-mail kquinn@c	osaction.com
		se one – file separat hich are not attribi			y file a separate report for
/ All reportable tra	ansactions occu	rring in the months p	orior to the re	porting date relative to the	e following client:
Convention of Sta					
an a	(Full Name o	f Client as it appears or	π the Lobbyis	Registration Form)	
OR All reportable tra		e lobbyist (including	the lobbyist	s family), or the lobbying	firm listed below which are
V. Date of Report		017 f registration to 3/31/1	7 aci	July 26, 2017 ivity from 4/1/17 to 6/30/17	
		, 2017 √ /1/17 to 9/30/17	ac	January 31, 2018 tivity from 10/1/17 to 12/31/	17
	d, complete just			sactions made since the retary of State's Office, St	
I. Check if addition	onal reports ar	e attached:			
If you have rece	ived fees or ma	de expenditures, you	must file A	Idendum A – Fees and Ex	penses
If you have paid Expense Reimburse		or reimbursed exper	ises, you mu	st file Addendum B Rep	oort of Honorariums or
If you, your firm	n, or your famil	y has made political o	contributions	s, you must file Addendu i	m C- Political Contributions
Sworn Statement/A have read RSA 15, and complete to the	RSA 15-B, RS	A 14-C and RSA 664	4 and hereby	swear or affirm that the fo	oregoing information is true
(Signature of lobby	ist)			(Date	2)
Ken Quinn					

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

1. Name of Lobbyist(s) Ken Quinn	OEFARTMENT OF
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation) Convention of States Action	Date 10/24/2017
III. Name of Client Convention of States Action	Date 10/2-1/2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ 1,508.10
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	ь) \$ 868.30
c) Total of all fees received to date (Add lines a and b)	c) \$ 2,376.40
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 1,133.77
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$ 0 c) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period	d) \$ 1,133.77	
(Add lines a, b and c) e) Total of expenses paid this calendar year, prior to this reporting period	_{e) \$} 2,119.62	
(This should be the amount on line f of addendum A for last month's report)		
f) Total of all expenses year to date	_{0,\$} 3,253.39	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting	
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information	
2/1	10/20/2017	
(Signature of lobbyist)	(Date)	
(Print Name of lobbyist)		

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